SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 109 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BEN GRABER FOR CONGRESS	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cari Graber  Mailing Address 508 Ocean Ave.  City Bradley Beach  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: 2010 Primary General X Other (specify) ▼ Special-Primary	State Zip Code NJ 07720  C  Occupation physician  Election Cycle-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mylissa Graber  Mailing Address 5100 N Ocean Blvd  City Ft Lauderdale  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: 2010 Primary General X Other (specify) Special-General	State Zip Code FL 33308  C  Occupation physician  Election Cycle-to-Date  2400.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Norbert Graber  Mailing Address 7138 Mariana court  City Boca Raton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: 2010  Primary General  X Other (specify) Special-General	State Zip Code FL 33433  C  Occupation Pharmacist Election Cycle-to-Date  2400.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	5300.00